

FALL ZUMBA **CLASSES**



Ages 13 & UP

Join us as we work up a sweat in this fast paced and upbeat Zumba Class. Devotees know it's a killer workout with infectious music and a committed following. You will burn over 800 calories per class and have fun!

It's HOT and it is Latin so come join us!

When: Wednesday's beginning October 10, 2012
Cost: \$35.00 per student for 5 weeks
\$50.00 per student for 10 weeks
Where: Rocky Mount American Legion Building
Time: 6:00pm-7:00pm
Deadline to Register: Wednesday, October 3, 2012

To register: Fill out the back of this form, mail form and payment to:

Franklin County Parks & Recreation

2150 Sontag Road

Rocky Mount, VA 24151

540-483-9293 office 540-483-0040 fax

www.franklincountyva.gov/parks

Please call Megan Sawyers, licensed instructor,
at 540-493-3652 for more information.



**Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2012 Fall Zumba for Adults Classes**

Name _____

Age _____

Mailing Address _____

City _____

Zip _____

Email Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____